APPLICATION NUMBER	FILING DATE	0LASS 24//	BUBCLASS	GREUP A		EXAMINER
		· · · ·	M.			
	BEST AN	VAILA	BLE C)PY		
			(FACE)			
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NOTICE OF ALLOWANCE N	AILED		er tigele		CLAIM	S ALLOWED
No no z or a z o		istant Ex	ıminer	Tota	d Claims	Print Claim O.G
Amount Due Date Pa	ild		e (4)			RAWING Print

FILED WITH: DISK (CRF) CD-ROME (Attached In pocket on right inside (sap)